

# Building a healthier future.



Recommendations  
of the Delaware Council  
on Health Promotion  
and Disease Prevention

January 2012

*Thank you* As we provide these recommendations, we would like to acknowledge and thank the many coalitions who dedicate their time and energy to improving health in Delaware. Our task was made easier because of the work they have done and our recommendations are intended to endorse, build on and support the meaningful work that is already under way in Delaware.

These include:

Delaware Coalition for Healthy Eating and Active Living

Delaware Bicycle Council

Impact Delaware Tobacco Prevention Coalition

Delaware Cancer Consortium

Delaware Diabetes Coalition

Healthy Delawareans with Disabilities Advisory Council

Breastfeeding Coalition of Delaware



# Building a healthier future.

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# Together we will create a culture of health and wellness in Delaware.



The adage “When you have your health, you have everything,” has never been truer. In a world where healthy choices get harder to make and where so many of us—including our children—suffer from preventable chronic diseases, the notion of good health has almost seemed out of reach.

## **Our goal is to make optimal health achievable for all Delawareans.**

To realize this goal, we propose a path that encourages health at every step, that recognizes and rewards commitment to health at all levels. From the individual to the community, from the health care provider to the employer, from the business owner to the policy maker, we all have a stake in building a healthier future.

In this healthier future, we are all empowered to be health advocates. We make healthy choices because they are available to us and because we believe that making them will make us better—as individuals and as a community.

The results? A Delaware where we suffer less from preventable chronic diseases and their complications. A Delaware where children stay healthy throughout their lives. A competitive workforce that attracts the best employers to Delaware. Lower health care costs.

The next steps are detailed in this report.

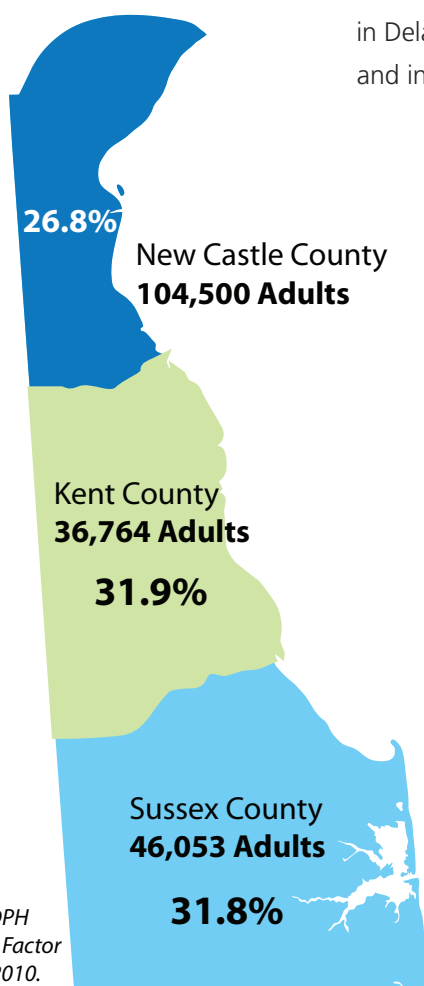
By taking them, we can reclaim good health and all the benefits that go with it.

# Executive Summary

Recognizing the significant impact of preventable and lifestyle-related diseases in Delaware, Gov. Jack Markell appointed the Council in May 2010 to advise him on how to promote healthy lifestyles and prevent chronic and lifestyle-related diseases. In December 2011, the Council completed its work including publication of a comprehensive assessment of the burden of chronic diseases in Delaware as well as specific recommendations to improve the health of Delawareans.

Behavioral risk factors like tobacco use, physical inactivity, poor nutrition and alcohol abuse can lead to obesity, heart disease, several types of cancer, lung diseases, injuries and other leading health problems. These health problems are the leading causes of premature death and disability—and they carry enormous health care costs! The most recent estimates for Delaware show that medical expenditures related to obesity in the state are more than \$207 million a year. A CDC study on smoking-attributable costs estimates that tobacco smoking in Delaware results in about \$722 million a year in direct medical expenditures and indirect costs including lost productivity.

Adults with Obesity in Delaware

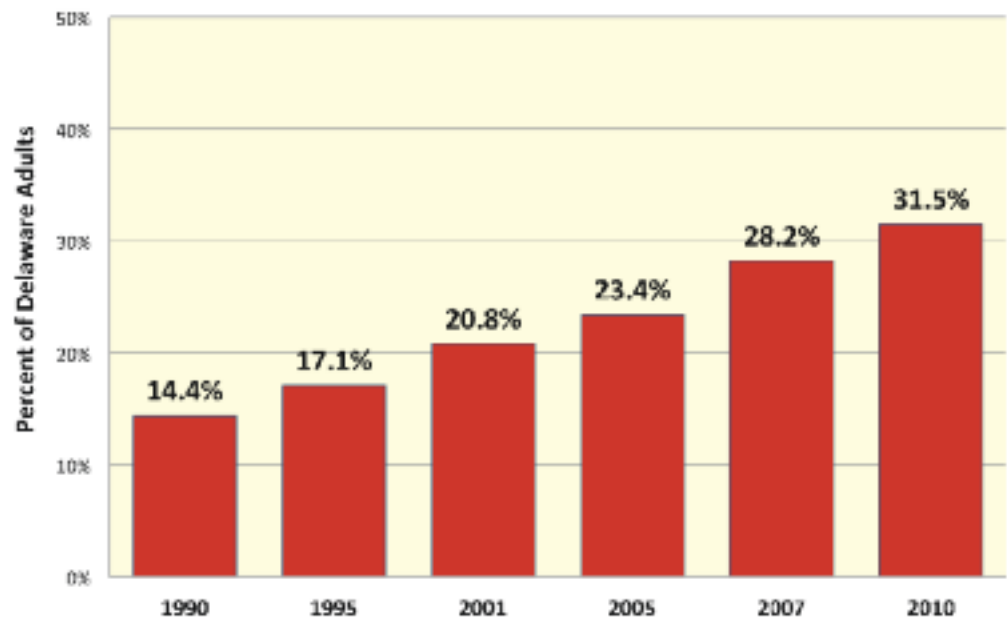


Source: DHSS, DPH  
Behavioral Risk Factor  
Survey (BRFS), 2010.

While these costs are enormous, the good news is that prevention is possible and provides a significant return on investment. A 2008 Trust for America's Health report concluded that "an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion annually within 5 years. This is a return of \$5.60 for every \$1 invested.

This estimate is similar to a Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control recommendation. For Delaware, CDC recommends about \$6.50 per capita for community-based interventions, and about \$4 per capita for statewide public health education and communication interventions. That amounts to about \$9.45 million a year—about \$5.85 million for community interventions; and about \$3.6 million for statewide health education and communication initiatives.

## Delaware Adult Obesity Prevalence More Than Doubled in Past 20 Years



Source: Delaware Health & Social Services, Division of Public Health, Behavioral Risk Factor Survey (BRFS), 1990-2010.

As we consider the cost of inaction and the benefits of taking action, we have to recognize the urgency of our situation. Evidence from the Division of Public Health's Behavioral Risk Factor Survey (BRFS) shows that many of the leading risk factors are increasing at an alarming and unsustainable rate. The prevalence of adult obesity, for example, has more than doubled since 1990 in Delaware, and there has been a corresponding increase in the prevalence of type 2 diabetes.

The Council finds that the problem is complex and influenced by the structure and quality of Delaware's health care system, the presence and strength of our health policy framework, the extent to which our environment supports health and healthy decisions, and each individual's capacity to engage in healthy behaviors.

While these recommendations address the population at large—and improvements are needed across the total population—the Council notes that special emphasis and tailored programs will be necessary to address disproportionately affected sub-populations. These include underserved and low-income individuals, as well as racial/ethnic minorities, and persons with a variety of cognitive and physical disabilities.

Although a significant investment is needed to have an impact, Delaware has a distinct advantage over other states. Our history of innovation, collaboration and contributions from all sectors has allowed us to realize successes beyond any expectations. Given Delaware's proven ability to impact health in areas such as tobacco prevention and reduction of cancer, the Council expects similar successes when its recommendations are fully implemented. As we go forward, evaluation of the Council's activities will be critical with two of the most important questions being: Are we doing the right thing? And are we doing enough of the right thing to make a difference? The best estimates from CDC and the health promotion literature suggest that a significant investment now will result in a positive difference both in the short- and long-term health of Delawareans.

Just as the problem is multifaceted, so are the solutions. Interventions must address personal risk factors as well as social, policy and environmental factors. Solutions must occur simultaneously across the public, private and nonprofit sectors, within the employer and business communities, within our educational and our health care systems, and at all levels of government. Perhaps most importantly, the talent, resources and expertise that exist in our community-based and service organizations as well as in our faith communities and businesses must be brought to bear if we are to arrest and ultimately reverse the trends that are costing us so much in resources, quality of life and years of potential life lost. The Council used the Socio-Ecological Model in developing a comprehensive approach for its recommendations.





The Socio-Ecological Model of Health Promotion helps us understand what risk factors impact health.



Figure 10. **Socio-Ecological Model**

a. Social conditions include economic inequality, urbanization, mobility, cultural values, attitudes and policies related to discrimination and intolerance on the basis of race, gender and other differences.

b. Other conditions at the national level include major sociopolitical shifts such as recession, war and governmental collapse.

# THE COUNCIL'S RECOMMENDATIONS WERE FRAMED IN FIVE MAJOR AREAS:

## IMPLEMENTATION OF RECOMMENDATIONS

- Make the Council permanent, to provide coordination and oversight of implementation efforts. Provide appropriate staff resources for continuation of the Council.
- Establish individual committees focused on major topics with clear expectations and goals.
- Monitor progress, and develop an annual report to the Governor and General Assembly on the status of the current recommendations.
- Fund implementation of the plan.
- Assign specific roles and accountabilities for tasks and actions to appropriate partners in the plan's implementation.

## CREATE A MORE RESPONSIVE HEALTH CARE SYSTEM

- Standardize and support evidence-based practice to lead to consistently delivered, high level of care.
- Measurably improve the accessibility and promotion of integrated primary and preventive care for all residents, incorporating mental, oral and vision health.
- Build a responsive and accessible system of care. Consider both existing systems and innovative approaches.
- Establish universal use of Electronic Health Records for all Delaware residents.
- Ensure that patients and the public at large are educated and empowered to use patient-managed technology and communication for prevention and care.
- Establish and support health care workforce recruitment and retention strategies.

## IMPLEMENT POLICIES AND PROGRAMS THAT IMPROVE HEALTH

- Develop and implement policy and strategy that supports healthy communities in Delaware.
- Develop and implement policy and strategy that decreases tobacco usage.
- Incentivize businesses to provide a workplace that encourages healthy living.
- Evaluate the effectiveness of current health promotion and disease prevention programs in Delaware.

## CREATE A HEALTHY AND SUPPORTIVE ENVIRONMENT

- Ensure that exercise/physical activity and healthy eating programs and services are high-quality, culturally appropriate, accessible, available and affordable.
- Improve the physical environment, including public transportation, throughout Delaware to improve opportunities for safe physical activity.
- Make nutritious foods affordable and available to all Delawareans.
- Establish and ensure adherence to food and beverage standards in places where Delawareans spend their time.
- Work with food industry, including food processors, distributors, growers and retailers in the state and region to improve the nutritional quality of commercially available foods and beverages.
- Ensure children in schools have access to affordable and healthy foods and beverages.
- Ensure children have access to physical activity opportunities in schools.
- Ensure children receive quality health education, nutrition education and physical education in schools.
- Ensure children in child care have access to healthy foods and beverages and opportunities for physical activity.
- Ensure children receive quality health education, nutrition education and physical education in child care.

## BUILD CAPACITY FOR INDIVIDUAL HEALTH

- Under a unifying theme, develop, fund and implement statewide, targeted and culturally appropriate campaigns to promote healthy lifestyles and prevent lifestyle-related diseases.
- Engage community-based organizations (schools, workplaces, health care, faith-based organizations) to promote healthy lifestyles.
- Improve health literacy, so Delawareans have the capacity to obtain, process, and understand basic health information and services needed to make appropriate healthy decisions.
- Enhance individual capacity to engage in healthy behaviors.



# How we got started.

## Council on Health Promotion and Disease Prevention

### Our Charge

The Governor's Council on Health Promotion and Disease Prevention (CHPDP) was formed in May 2010 by executive order of Governor Jack Markell *"to advise the Governor and executive branch state agencies on the development and coordination of strategies, policies, programs and other actions state-wide to promote healthy lifestyles and prevent chronic and lifestyle-related disease."* The Advisory Council consists of 20 members. The first meeting was held in January 2011 and monthly meetings followed throughout 2011.

### Our Process

In order to create recommendations for Delaware that truly reflect the State's needs and interests, the CHPDP needed to capture and synthesize the detailed contributions of various stakeholders to form a clear, actionable agenda for health promotion and disease prevention. Accomplishing these goals required an approach that would enable the CHPDP to understand Delaware's health promotion and disease prevention issues and concerns from a variety of perspectives and segments of the population.

The council began by developing a question (focus prompt) for stakeholders to answer that would direct a response to Delaware's need to become healthier. The CHPDP then identified citizens of Delaware who are invested in health promotion efforts, and invited them to participate in the project. More than 650 people were invited to participate. Both the CHPDP members and the invited participants completed the following prompt: *"To promote healthy lifestyles and prevent chronic and lifestyle-related disease in Delaware, a specific thing that needs to happen is..."* Participants were provided with the option of submitting their responses via a dedicated web page or by fax.

## Our Results

More than 700 statements were submitted that reflected the ideas of a wide group of stakeholders and formed the basis for identifying opportunities for change. After editing for duplication, 120 unique ideas about improving health and reducing chronic and lifestyle-related illness in Delaware remained. However, each stakeholder idea was referable and added depth to the final recommendations.

Members of the CHPDP, along with staff from the Division of Public Health and key stakeholders, participated in sorting the statements, grouping similar ideas. In addition, all 650 original participants were invited to rate each idea for importance and feasibility.

During this phase, 23 people participated in sorting the ideas including the council, 103 participants rated each idea based on relative importance and 85 people rated each idea based on relative feasibility. As in the brainstorming phase, all participants could choose to complete the sorting and/or rating exercises online or on paper.

Using the results, Council members developed a conceptual framework for the purpose of advancing the work of the Council in an efficient and timely way. The framework represented the consensus of Delawareans around the HPDP issue and provided the structure for the Council as specific recommendations for reducing chronic and lifestyle-related illness in Delaware were developed.

In conjunction with the CHPDP's recommendations, the CHPDP developed a comprehensive report related to the burden of chronic and lifestyle-related illness and death in Delaware. The first of its kind for Delaware, the report includes data from a variety of state and national sources to quantify and characterize the burden of preventable disease and death. Using data from the burden report and the concept map, the Council formulated the following specific and actionable recommendations.

# Implementation of Recommendations

The recommendations provided in this report provide a plan of action. If implemented, more people will get quality health care services, more people will live healthier lives and, ultimately, fewer people will get and die from preventable chronic diseases in Delaware. However, none of this will happen unless the state institutionalizes a process to carry out the work of the Council.

## WHAT CAN BE DONE?

Foster continuous collaboration among all stakeholders by creating and maintaining a permanent council. The Council should be managed by a neutral party that reports directly to the Governor to oversee implementation of these recommendations and a statewide, comprehensive approach to health promotion and disease prevention. The Council should have committees that continually evaluate and work to improve health in Delaware. The following specific tasks and activities should be included:

Task/Action	Potential Partners	Timeframe
Re-constitute and make permanent the Governor's Council on Health Promotion and Disease Prevention which shall report directly to the Governor.	General Assembly	Year 1
Allocate resources for ongoing administrative support to the Council, including one full-time staff person with the sole responsibility of the coordination of this group and its committees.	General Assembly	Year 1 & ongoing
Solicit participation of all stakeholders for the general Council. Clear definition of member expectations, roles and responsibilities should be provided.	Staff Person, Neutral Party Manager	Year 1
Develop a structure and charge for the Permanent Council and each individual committee.	Staff Person, Permanent Council	Year 1
Establish the individual committees, Medical, Environment, Research, Policy and Education and others as needed to accomplish the goals of the Council. Experts in the respective fields should lead each committee and clear definition of member expectations should be provided.	Staff person, Permanent Council	Year 1
Oversee implementation of the current recommendations and any future recommendations in coordination with the planning process.	Staff Person, Permanent Council and Committees	Year 1 & ongoing
Coordinate an annual conference on the status of health promotion and disease prevention in Delaware.	Permanent Council	Year 2 & annually
Develop an annual report to the Governor and Legislature on the status of current recommendations and the comprehensive health promotion and disease prevention plan and make additional recommendations as necessary.	Permanent Council	Year 2 & annually



Task/Action	Potential Partners	Timeframe
Develop planning process that incorporates recommendations of the Delaware Council on Health Promotion and Disease Prevention.	Staff Person, Permanent Council	Year 1
Fund implementation of the plan.	General Assembly	Year 1
Monitor progress, give advice of needs and resources in DE, and assist with grants or fund development.	Permanent Council	Year 2 & ongoing
Assign specific roles and accountabilities of private, nonprofit and government entities involved in implementation.	Permanent Council	Year 2
Publish the plan's development, implementation and outcomes in the annual health promotion and disease prevention report.	Permanent Council, DPH	Year 3 & ongoing
Develop and implement a coordinated communications plan.	Permanent Council	Year 1 & ongoing



## CANDACE JONES

"I am fortunate to have access to state health programs, which are free in part to state employees. There are ways to either attend sessions online or in person to help stay well—such as weight management or stress reduction. I am a diabetic and I know I have to be careful about what I eat and how I manage my weight. I attended a weight management session that was inspiring. I went right back to my desk and joined Weight Watchers. I lost 36 pounds. I can pull up sessions of all kinds—there was just one for The Great American Smokeout in November. It's wonderful that there are programs like this. I am proud to work for a state that is so concerned about the physical well-being of its employees."

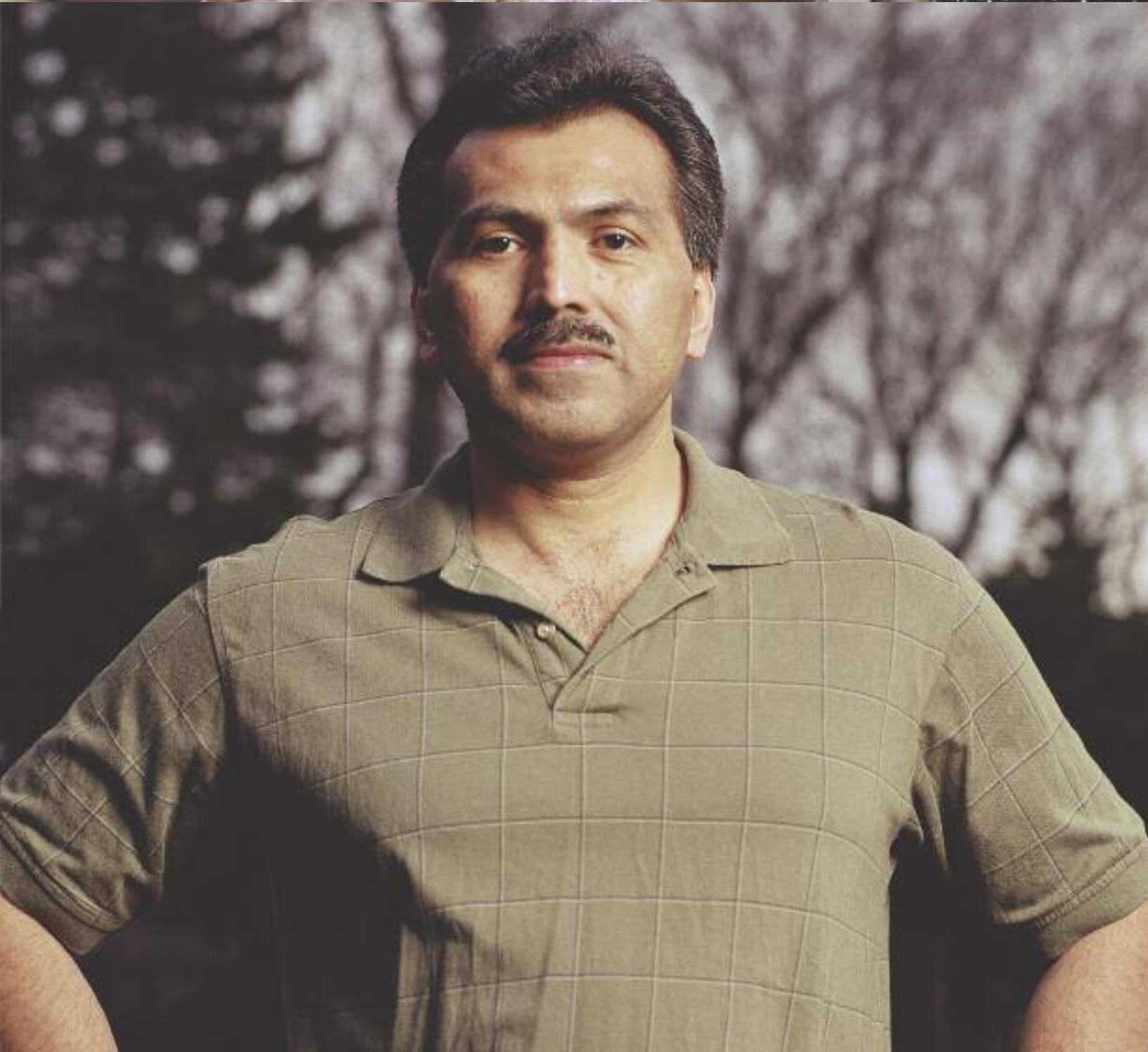
## Candace Jones and Melody Rose

## MELODY ROSE

"Last January my weight was 342 lbs. I decided that it was time to change that. DelaWELL began and a lot of us started to attend the workshops. In the last year, I have lost 100 pounds by doing several things: I now stay under a specific calorie intake, use a food diary to help with that, eat healthy (for the most part), and I added exercise to my life on a daily basis. I learned portion control and added Zumba to my regular exercise because I needed something that was fun and would keep my interest, because regular exercise did not do that. When my co-workers started to see the results, they decided it was time for them to get healthy as well. At our center, I now hold a Zumba class three times a week after work. We have all become very health conscious and the results are amazing. Team spirit has just tripled. We are all so encouraging to one another and rooting each other on. Our center has become a healthy and joyful place to be."







Create a more responsive health care system

# Create a more responsive health care system

## **WHEN CARE IS:**

- Patient centered
- Evidence-based
- Well coordinated

## **PATIENTS WILL GET:**

- The right care at the right time
- Better health outcomes
- Reduced health care costs

## **FIRST STEPS:**

- Implement and sustain an all-payer claims database in Delaware and ensure that it is inter-operable with EHR (cost is \$1 million start-up and \$250,000/year ongoing—there may be federal funds via HBE to cover the costs of the build)
- Develop and fund a nontraditional wellness education and care system in each county capable of meeting people where they are (estimate \$350,000 per year for this—models to be community-specific based on needs and existing resources)
- Ensure coverage for patient-centered medical homes for all Delawareans, beginning with State employees

By increasing access to integrated preventive, wellness and health care services—and making them more available in more places—we will not only decrease the use of emergency facilities but we will be offering Delawareans the opportunity to get the help they need immediately to avoid long-term health problems.

By incorporating prevention into health care processes and by providing support for each patient—particularly those who are underserved, have special health care needs or mental health conditions—every Delawarean will have the guidance and skills necessary to make choices that help prevent diseases.

By integrating healthcare, public health and community services we will create a seamless system that supports health in Delaware.

Gathering data to understand how to achieve optimal results in both healthcare quality and decision-making, will help us learn the best approaches to help individuals and providers achieve healthy outcomes.

An integrated, evidence-based care approach will ensure that each Delawarean knows what he or she should do to stay healthy.

## **Facts that impact health in Delaware:**

- Overall, 15.6 percent of adult Delawareans have never had a cholesterol test and 18.7 percent have not had the test within the previous five years. African Americans are more likely than Caucasians to have never had a cholesterol test.
- About 21.4 percent of Delaware adults report having limited activity due to a disability; and 8.3 percent report a disability that requires them to use special equipment.
- People with disabilities are more likely to report being unable to see a doctor because of cost.
- About 70 percent of adults are receiving treatment for their hypertension and less than half of those—46 percent—have their high blood pressure under control.



- African-American stroke survivors have greater limitations in activities than Caucasian stroke survivors, suggesting the need for greater efforts to implement stroke prevention and intervention activities among African-Americans.
- The African-American prostate cancer mortality rate is 2.1 times greater than the Caucasian rate.
- Chronic lower respiratory diseases are now the third-leading cause of death in Delaware. In the last 28 years, mortality rates have increased 12.1 percent among African Americans and 6.6 percent among Caucasians.

<b>Objective: Standardize and support evidence-based practice to lead to a consistently delivered, high level of care.</b>		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Identify, adopt, implement and evaluate models for use of evidence-based practice standards.	Professional societies, DHSA	Year 1 & ongoing
Align licensing requirements with the use of evidence-based practices.	State licensing boards	Year 2
Eliminate the disparity between payment for prevention and medical treatment. (Note: Use new CMS guidelines as basis.)	DHCC, private and public insurers (including Medicaid), legislature	Year 2 & ongoing
Train providers about mental health screening and treatment.	DHSA	Year 1 & ongoing
Identify training needs for health professionals who serve the at-risk populations (for example, adolescents, seniors, ethnic/racial minorities).	DHSA	Year 1 & ongoing
Incorporate an emphasis on health promotion, including communications skills, in health professions training.	DHSA, University of Delaware, Wesley institutions of higher learning	Year 2 & ongoing
Integrate professional education efforts across professional organizations.	Delaware academies and medical societies, DHSA	Year 1 & ongoing

**Objective:** Measurably improve the accessibility and promotion of integrated primary and preventive care for all residents, incorporating mental, oral and vision health.

Task/Action	Potential Partners	Timeframe
Use assessment of gaps in primary care in the state to guide development of nontraditional methods of health care delivery.	DHCC, DPH	Year 1
Conduct causal analysis of underserved areas/populations.	DPH	Year 1
Include people with disabilities and special needs in the analysis of underserved or inadequately integrated service.	DHCC, DPH Office of Primary Care, University of Delaware Center for Disabilities Studies	Year 1
Ensure coverage for PCMH for all, beginning with state employees.	CHPDP, OMB, HCC	Year 2
Integrate mental health screening and referral into primary care and wellness support.	MSD, insurers, DHSS, DHCC, professional societies	Year 2 & ongoing
Promote early and adequate transition of care for all, including those with disabilities or special health care needs.	CHPDP	Year 2 & ongoing
Train providers to help individuals with disabilities identify what is necessary to protect their health, including prevention of secondary conditions.	University of Delaware Center for Disabilities Studies, DHSS, professional societies	Year 3 & ongoing
Ensure that adult dental care is included in Medicaid coverage.	DHSS	Year 2 & ongoing

**Objective:** Build a responsive and accessible system of care. (Consider both existing systems and innovative approaches.)

Task/Action	Potential Partners	Timeframe
Establish and ensure reimbursement for an integrated program of health coordinators to connect patients with care and information, breaking down barriers and encouraging prevention.	Institutions of higher learning, DHSS, professional societies, health providers	Year 2 & ongoing
Expand the definition of primary care provider and develop a credentialing model to ensure quality.	Legislature, DHSS Board of Professional Registration, insurance companies, professional societies	Year 2
Develop and support community health and wellness centers in nontraditional locations, e.g. schools and businesses.	School districts, DHSS, professional societies, legislature	Year 2
Develop and fund an innovative screening, wellness education and care system in each county, capable of meeting people where they are.	Insurance companies, payers, DHSS, professional societies, legislature	Year 1
Co-locate medical and mental health services.	Payers, DHSS, DPH, professional societies, legislature, health providers, FQHCs	Year 2

**Objective:** Establish universal use of Electronic Health Records for all Delaware residents.\*

Task/Action	Potential Partners	Timeframe
Use DHIN as the foundation for integrated state health data, to promote sustainable interoperability and access to data among providers.	DHIN, providers, insurance companies, Quality Insights of Delaware, DHCC, DHSS	Year 1
Develop and implement a strategy for universal use of EHR statewide.	Quality Insights of Delaware, DHCC, DHIN, CHPDP, professional societies	Years 2–5
Implement an all-payer claims database in Delaware, and ensure that it is interoperable with other health data.	Insurance companies, DHCC, DHIN, DHSS	Year 1 & ongoing

**Objective:** Ensure that patients and the public at large are educated and empowered to use patient-managed technology and communication for prevention and care.

Task/Action	Potential Partners	Timeframe
Develop an integrated system for patient-centered health data, including the use of personal technology, to provide patients' connection to personal health data, monitoring and feedback. Consider use of systems such as Tele-health.	DHCC, insurance companies, DHIN, private providers, DHSS, CHPDP	Year 3



<b>Objective:</b> Establish and support health care workforce recruitment and retention strategies.		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Develop long-term, community-specific recruitment strategies to attract health care providers.	CHPDP	Year 1
Develop an integrated licensing and credentialing system.	DIMER/DIDER, DHSA, Residency Program, DHCC	Year 2
Develop definitions and reimbursement structure for non-physician health promotion services provided to individuals.	Coalition of insurers and health stakeholders to adopt standard definitions, insurance companies, Board of Medical Practice, Office of Insurance, hospital credentialing, payers, Board of Licensure	Year 2
Offer incentives for early-career health care professionals to practice in Delaware.	DHSS, DHCC	Year 3
Establish community health rotation programs in Delaware for medical and dental residents.	DHCC, DE Health Sciences Alliance	Year 3



Implement policies and programs  
that improve health

# Implement policies and programs that improve health

When we put policies and programs in place to support healthy lifestyles, we ensure that the healthy choice is the easy choice.

## FIRST STEPS:

- Develop a sustainable infrastructure using the learning collaborative model to support collaboration and provide technical assistance for stakeholder organizations (\$20,000 per year)
- Model and adopt policies and best practices such as those developed by the Philly Food Trust to support availability of healthy foods
- Work with communities and all levels of government including law enforcement to ensure safe and accessible opportunities for physical activity throughout Delaware
- Use best practices including health impact assessments in development of all policies

By offering opportunities for Delaware communities to promote health lifestyle choices—for example, by asking corner stores to provide healthy food options—we can significantly increase positive behaviors and decrease the risk of chronic disease.

Because tobacco use continues to be one of the most significant contributing factors to cancer, heart disease and lung diseases, we recommend continuing efforts to reduce tobacco use. By increasing funding of tobacco prevention programs to CDC levels and by increasing taxes on tobacco products, we will enhance the impact of our efforts to deter tobacco use.

Taking the message of diet and nutrition and the importance of good health practices into the workplace will give us another venue for promoting a healthy Delaware. We recommend increasing the number of employers who have diet and nutrition programs. And, by monitoring the effectiveness of current health initiatives and programs, we can make them even more effective as we work toward our goal of creating a healthy Delaware.

## Facts that impact health in Delaware:

- Each year, an estimated 1,100 Delawareans die from tobacco use and another 130 die due to exposure to secondhand smoke.
- More than 20 percent of Delaware adults still smoke or use tobacco products. Policy changes can help reduce this prevalence.
- Cigarette smoking is linked to heart disease, stroke, cancer, lung diseases, gastric ulcers, infertility and AIDS.
- About half of Delaware adults get little or no physical activity. Making activity safer and more accessible through policy changes can provide a supportive environment for people who want to become more active.

**Objective: Develop and implement policy and strategy that supports healthy communities in Delaware.**

Task/Action	Potential Partners	Timeframe
Provide incentives for Medicaid recipients to participate in wellness programs.	DHSS	Years 1-2
Support optimal breastfeeding policies in all Delaware hospitals leading to certification as a baby-friendly hospital.	DPH, Delaware Breast-feeding Coalition	Years 1–2
Expand the use of the Healthy Women, Healthy Babies principles in care provided to all women of childbearing age in DE.	DPH, Delaware Breast-feeding Coalition	Years 1–2
Work with municipalities to streamline the permit process for setting up fruit carts.	Local planning offices, HEAL	Years 2–3
Create a “model municipality,” or best practices approach that other municipalities can use to improve access to healthy food.	DPH, IPA, NHPS, Office of State Planning	Years 1–2
Model or adopt best practices exemplified by the Philly Food Trust. Engage Philly Food Trust in development of policies and best practices.	CHPDP	Year 1
Develop a partnership program between farmers and businesses to increase consumption of fresh fruits and vegetables.*  *Consider use of VISTA volunteers, Boys and Girls Clubs, Delaware farmers, employers and incentives.	DEDO, DPH, HEAL, DDA, Fruit and Vegetables Growers Association of Delaware (FVGAD)	Years 3–5

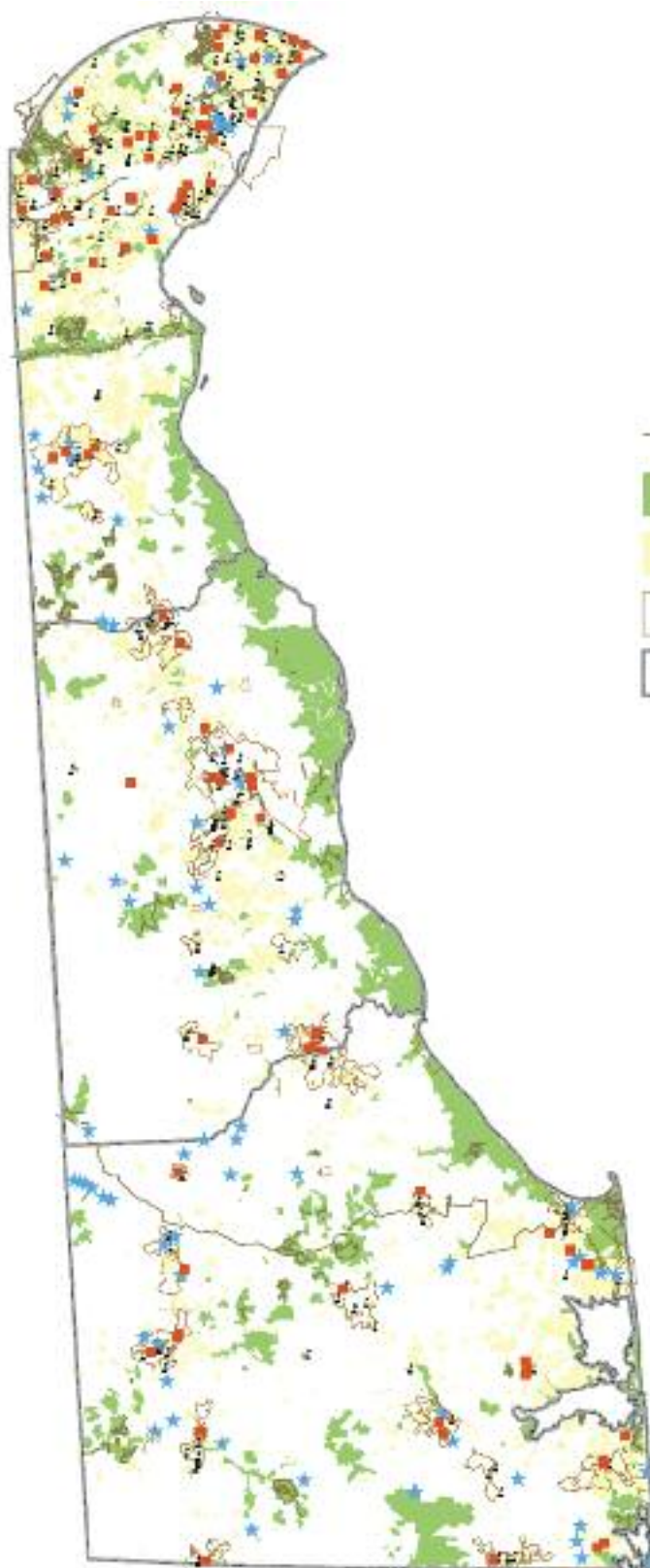
**Objective: Develop and implement policy and strategy that decreases tobacco usage.**

Task/Action	Potential Partners	Timeframe
Increase funding to CDC levels or above for comprehensive tobacco control programs that include tobacco education and cessation programming.	General Assembly, DHFAC	Years 1–2
Increase taxes on all tobacco products to deter youth initiation (consistent with the plans of the Delaware Cancer Consortium and IMPACT).	IMPACT, Delaware Cancer Consortium, voluntary health organizations, DPH, GA	Years 1–5
Develop and implement policy and programming designed to prevent youth initiation and exposure.	IMPACT, Delaware Cancer Consortium, voluntary health organizations, DPH	Years 1–5
Increase access to tobacco cessation programs and tools for all tobacco users, including those 18–25.	IMPACT, Delaware Cancer Consortium, voluntary health organizations, DPH, insurance department	Years 2–4



<b>Objective: Incentivize businesses to provide a workplace that encourages healthy living.</b>		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Provide businesses with technical assistance to establish employee wellness programs.	DPH, DelaWELL	Years 1–2
Create an employer advocacy group to facilitate and recognize employers as leaders in employee wellness, and who can mentor and provide technical assistance for other businesses.	DPH, Chamber of Commerce	Years 1–2
Develop model language that outlines for employers how insurance coverage can be used to promote health and prevent chronic disease for employees.	HEAL, IMPACT, Medicaid, DelaWELL, DOE, voluntary health organizations	Years 2–3
Create a model policy to limit availability of sugar-sweetened beverages at worksites.	DPH	Year 1
Develop incentive programs for employers to implement wellness programs. Consider use of tax credits.	Insurance Commissioner's Office, OMB, HEAL, Medicaid, DelaWELL, DOE	Years 4–5

<b>Objective: Evaluate the effectiveness of current health promotion and disease prevention programs in Delaware.</b>		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Support the Delaware Cancer Consortium's development of an "All Payers" database that would track data on all insurance claims in a central database, regardless of insurance company.	HCC, DHSS	Years 1–3
Develop a sustainable infrastructure using the learning collaborative model to support collaboration and provide technical assistance for stakeholder organizations.	DPH	Year 1
Continue use of fitnessgrams in schools to assess child health status.	NHPS, DHSS, DOE	Year 1 & ongoing



## Healthy Communities Delaware

- Grocery Store
- ★ Farmers' Markets
- Schools
- State Trails
- Protected Lands
- Communities
- Municipal Boundaries
- Delaware Boundary



Draft - June 2011

0 2.5 5 10 15 20 Miles

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DELAWARE  
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Create a healthy environment



# Create a healthy environment

The “built environment” influences a person’s level of physical activity and eating behaviors. When our physical environment supports healthy lifestyles, it makes healthy choices easier for individuals and communities. These changes can bring improved health outcomes and reduced health care costs in Delaware.

## FIRST STEPS:

- Develop a barrier-free statewide trail system
- Fully implement Complete Streets policy statewide
- Develop a state policy and procurement criteria for purchase and provision of healthy, locally grown food by all state agencies including vending machines in State buildings
- Use the Stockley property as an asset to promote health in Sussex County
- Develop a Healthy Community Award to recognize communities taking action to improve health
- Develop incentives for communities to include health promotion in comprehensive plans
- Ensure that existing national Child and Adult Care Food Program (CACFP) and state Office of Child Care Licensing regulations are implemented and sustained throughout Delaware
- Develop a plan to eliminate food deserts in Delaware

Improving the physical environment in Delaware will encourage walking, recreational opportunities, and use of parks and open spaces—which in turn will improve the health of those who use them. Using the best scientific evidence, we can create the most appropriate and effective physical activity programs for all Delawareans. To encourage use, we must also be sure that programs are accessible and affordable. Instituting physical activity requirements in schools is associated with better health and academic achievement, and can encourage children to be fit.

Making healthy food choices available more often and in more places will influence better nutrition. Establishing new standards for food and beverages in places where Delawareans spend their time will help to promote those choices more often. It’s also critical to offer nutritional information so that people know the nutritional content—not just in processed foods but also in restaurant meals. Working with eating establishments and food manufacturers in our state can help make the content of all foods more transparent so that better choices can be made.

Through educational efforts, we can help people to identify good food choices and how they impact health. We can also ensure that children in school and childcare have access to affordable, nutritious foods to develop better eating habits early in life.

## Facts that impact health in Delaware:

- Half of Delawareans do not engage in regular physical activity. Women are less active than men and African Americans are less active than Caucasians. Kent County has the highest prevalence rate of physical inactivity (54 percent) compared with New Castle and Sussex counties (both 48 percent).
- In 2009, the overall prevalence of physical inactivity among Delaware high school students was 59.6 percent; female students had a much higher prevalence than male. Hispanic students had the highest prevalence, followed by non-Hispanic African-American students.

- Among Delaware children ages 2–17, 58.4 percent do not meet the recommended one hour a day or more of physical activity. Nearly 70 percent of children ages 2–5 do not meet the minimum recommendation.
- In Delaware, 37.7 percent of high school students surveyed said that they watched television on average three or more hours per day and 27.4 percent of high school students surveyed said that they used the computer an average of three or more hours per day for recreational purposes.
- In the 2009 BRFs, 75 percent of Delawareans reported eating fewer than five servings of fruits and vegetables on average per day. Low vegetable and fruit consumption was more prevalent among men than women and more prevalent among African Americans than Caucasians.
- Prevalence of obesity among Delaware adults has more than doubled in the past two decades, from 14.4 percent in 1990 to 31.5 percent in 2010.
- The obesity prevalence rate is 41.1 percent among non-Hispanic African Americans and 26.1 percent among non-Hispanic Caucasians.
- Delaware's 2009 middle school YRBS results show that 14 percent of public middle school students are obese and 18.3 percent are overweight.
- The 2009 YRBS reported that 13.7 percent of high school students are obese, and 15.8 percent are overweight.
- There are about 162,670 Delaware adults with disabilities; and people with disabilities are more likely to be overweight or obese, to be sedentary, and to smoke cigarettes.

**Objective:** Ensure that exercise/physical and healthy eating activity programs and services are high-quality, culturally appropriate, accessible, available and affordable.

Task/Action	Potential Partners	Timeframe
Support programs in easily accessible places such as parks, community centers, churches and other community spaces.	DPH	Year 1 & ongoing
Incentivize participation by waiving fees and/or providing transportation.	DNREC, community-based organizations	Year 2 & ongoing
Provide train-the-trainer programs using evidence-based strategies for community agencies implementing physical and healthy eating activity programs.	DPH, NHPS	Year 1 & ongoing
Provide wellness programming for at-risk populations.	Medicaid, DPH	Years 2–3

**Objective:** Improve the physical environment, including public transportation, throughout Delaware to improve opportunities for safe physical activity.

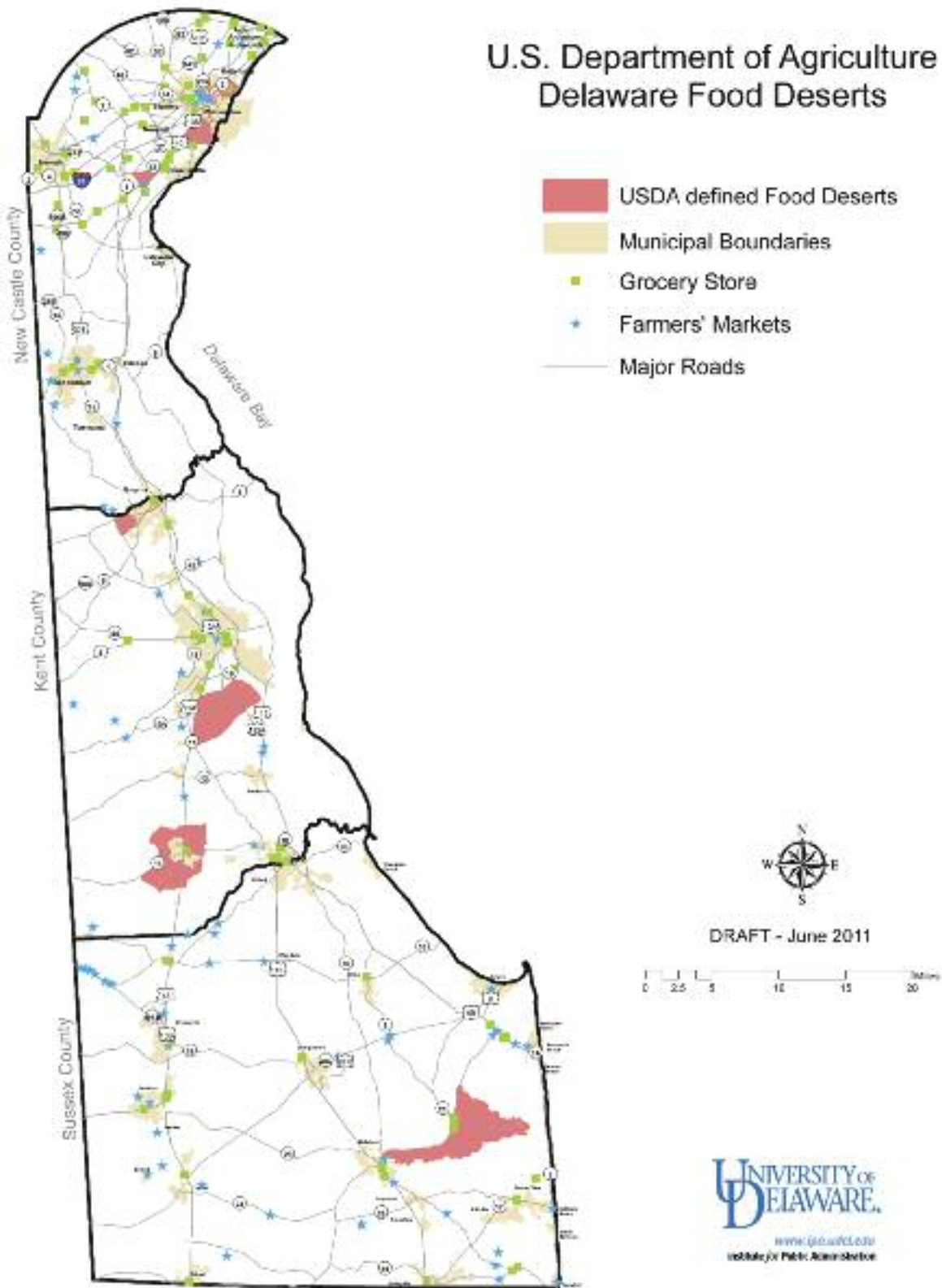
Task/Action	Potential Partners	Timeframe
Create multi-use and well connected developments that encourage residents to walk for school, work, shopping, visiting and recreational opportunities, and to use parks and open spaces.	DelDOT, DNREC	Year 1 & ongoing
Develop a barrier-free statewide trail system.	DNREC	Year 1
Fully implement the Complete Streets policy statewide.	DelDOT	Year 4
Work with communities and all levels of government including law enforcement to consider health in all policies and use best practice tools such as Health Impact Assessments to ensure that parks and green spaces are available, safe and accessible.	DHSS/DPH, DNREC, county municipality, DNREC, law enforcement	Year 1 & ongoing
Create joint-use agreements between school districts and communities to keep school facilities open after school hours for community residents to use for physical activity and recreation.	School districts	Year 1 & ongoing
Provide an incentive for county and municipal governments to approve land use that is consistent with comprehensive plans and existing zoning.	Office of State Planning, DE Chapter American Planning Association	Year 2
Develop a Healthy Communities Award for communities or municipalities that meet criteria for promoting health.	Office of the Governor, DHSS	Year 1 & ongoing
Use the Stockley Center as an asset to promote health in Sussex County.	DHSS	Years 1–5
Work with state, county, city and community leaders to ensure that schools are located so that they are accessible to students for walking or biking.	Office of State Planning, DelDOT, DOE, school districts	Year 1 & ongoing

<b>Objective: Make nutritious foods affordable and available to all Delawareans.</b>		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Develop and implement a plan to incentivize food markets to locate in food deserts.	CHPDP, HEAL	Year 1
Develop a “Stars in Stores” program, in which stores offering healthy foods advertise with a program sticker on the entryway.	DHSS/DPH	Year 2 & ongoing
Incentivize and provide technical assistance to corner stores to offer healthy options.	DHSS/DPH	Year 2 & ongoing
Facilitate the creation of a network of corner stores in order to support cost sharing of healthy food.	DPH, DEDO, DDA	Year 1 & ongoing
Develop a state policy and procurement criteria for purchase and provision of healthy and locally grown foods by all state agencies, including in all state vending machines.	OMB	Year 1
Expand WIC program eligibility to higher poverty levels.	DHSS/DPH	Year 3 & ongoing
Enable WIC and SNAP participants to use EBT or vouchers at farmers markets.	DHSS/DPH	Year 2 & ongoing
Pilot a partnership program between Delaware farmers and employers to increase the consumption of locally grown fresh fruits and vegetables.	DEDO, DPH, HEAL, DDA, Farm-to-School Program	Years 3–5
Encourage land owners with free spaces to create community gardens.	County, local governments	Year 2
Pilot sustainable agriculture programs in all three counties.	DDA	Year 2

<b>Objective: Establish and ensure adherence to food and beverage standards in places where Delawareans spend their time.</b>		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Develop, disseminate and provide technical assistance to adopt and implement policies in different settings in which people spend their time.	DHSS/DPH, HEAL	Year 1 & ongoing
Educate and incentivize SNAP participants to choose healthy foods.	DHSS	Year 1 & ongoing



## U.S. Department of Agriculture Delaware Food Deserts



**Objective:** Work with the food industry, including food processors, distributors, growers and retailers in the state and region, to improve the nutritional quality of commercially available foods and beverages.

Task/Action	Potential Partners	Timeframe
Require and support nutritional labeling on menus at restaurants and fast food establishments.	General Assembly, DPH, Delaware Restaurant Association	Year 1
Educate food retailers about price point competitive healthy alternatives.	DHSS/DPH, DRA	Year 1 & ongoing
Work with food manufacturers in Delaware to ensure high nutritional quality of their products.	Department of Agriculture, food manufacturers	Year 2
Work with restaurants to consider the special dietary needs of people with specific health conditions.	DPH, DRA	Year 2

**Objective:** Ensure children in schools have access to affordable and healthy foods and beverages.

Task/Action	Potential Partners	Timeframe
Ensure that all foods and beverages provided on school campuses meet USDA guidelines.	DOE, DSWC, NHPS, HEAL	Year 1 & ongoing
Develop and implement policies and procedures that meet USDA guidelines ensuring, at minimum, consultation with a nutrition professional in the development of all school meals. To include registered dietician or certified school nutrition specialist.	DOE, DSWC, NHPS, HEAL	Year 1 & ongoing
Actively recruit new schools to participate in breakfast and lunch programs in both public and private schools, including universal breakfast programs.	DOE, DSWC, NHPS	Year 2 & ongoing

<b>Objective: Ensure children have access to physical activity opportunities in schools.</b>		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Implement 150 minutes/child/week of physical activity, in all schools throughout Delaware, including adaptive, structured and unstructured activity and a variety of teaching methods.	DOE, DHSS/DPH, DSWC, HEAL, NHPS	Year 1 & ongoing
Provide age-specific, evidence-based technical assistance and resources to schools.	DOE, DHSS/DPH, DSWC, HEAL, NHPS	Year 1 & ongoing

<b>Objective: Ensure children receive quality health education, nutrition education and physical education in schools.</b>		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Include consistent, integrated messages related to healthy living throughout the school environment and in the curricula.	DOE, DHSS/DPH, HEAL, NHPS, DSWC	Year 2 & ongoing
Ensure that 100% of Delaware schools meet the Healthier U.S. School Challenge criteria at the gold level.	DOE, DHSS/DPH, HEAL, NHPS, DSWC	Year 2 & ongoing
Provide a health champion in each school district to act as a resource for teachers and school administrators in the areas of health promotion, wellness and health curricula.	DOE, OMB, DPH, DSWC	Year 2 & ongoing
Pilot school garden projects statewide with a special emphasis on at-risk communities.	DOE, DDA (AG), HEAL	Year 1 & ongoing
Develop, implement and support standards for health education within teacher preparation programs.	Univ. institutes of higher learning	Year 2 & ongoing
Provide continuing education for teachers that focuses on being positive, healthy role models for students.	DOE, DHSS/DPH	Year 2 & ongoing
Expand farm-to-school initiatives statewide.	DOE, DDA (AG), DSWC, HEAL	Year 1 & ongoing
Support and strengthen existing referral systems between schools and the medical community.	DOE, DHSS/DPH, HEAL	Year 1 & ongoing
Provide technical assistance to support and sustain District School Wellness Councils.	DOE, NHPS, HEAL, DSWC	Year 1 & ongoing

**Objective:** Ensure children in child care have access to healthy foods and beverages and opportunities for physical activity.

Task/Action	Potential Partners	Timeframe
Ensure that current CACFP food guidelines and OCCL regulations related to nutrition, physical activity and screen time are sustained and implemented in all child care sites in Delaware.	OCCL, DE Stars, DECC, DE DOE-CACFP	Year 1 & ongoing
Provide quarterly nutrition training on the CACFP policy and practice regulations in order to ensure all licensed programs can successfully implement DE CACFP regulations.	DE DOE-CACFP, DE Stars, DIEEC	Year 1 & ongoing
Actively recruit new CACFP and summer food service program participants statewide.	DE DOE-CACFP, DHSS-Child Care	Year 1 & ongoing
Establish a health consultant at the DIEEC to ensure alignment of training and technical assistance related to child health issues. Ensure cross-training opportunities exist for child grade and allied health professionals.	DIEEC, DHSS-Child Care, DPH, OCCL, DE DPH, DE AAP-Healthy Child Care America	Year 1 & ongoing

**Objective:** Ensure children receive quality health education, nutrition education and physical education in child care.

Task/Action	Potential Partners	Timeframe
Ensure that all licensed child care programs use the ELF curriculum to build in developmentally appropriate physical activity and wellness experiences within their daily curriculum.	OCCL, DE Stars, DOE	Years 1 & 2
Train early childhood professionals and elementary school teachers to provide developmentally appropriate physical activity experiences.	DE Stars, DIEEC	Year 1 & ongoing
Link Stars ratings to health education and health environment in child care settings.	DE Stars, DOE	Year 1 & ongoing
Provide continuing education to child care providers that includes the importance of positive healthy role modeling.	DIEEC, DHSS-Child Care, DPH, OCCL, DPH, AAP-Healthy Child Care America	Year 1 & ongoing
Provide uniform training to child care and public health nutrition personnel to ensure consistent nutritional messages and services to families of the children being served in child care and grades K–3.	OCCL, DIEEC, DOE, CACFP, DPH	Year 1 & ongoing







Build capacity for individual health

# Build capacity for individual health

When we all understand and believe that the potential for avoiding chronic diseases is within our control, we will take action and improve our health.

## FIRST STEPS:

- Fund comprehensive, population-level messages to create a culture of health and support individual health improvement (cost is approx \$2 million/year)
- Provide training, technical assistance and resources, which includes respect for cultural differences, to communities for effective targeting and planning of evidence-based health promotion campaigns.
- Educate decision makers and key leaders about the importance of prevention and early detection.

Educating Delawareans about the importance of behavior change—and giving the skills necessary to make those changes—is essential for health and prevention of lifestyle-related illnesses. By engaging people where they are—online through social media, in schools and workplaces, at home, and at healthcare facilities—we will have a better chance of reaching the larger population with vital education.

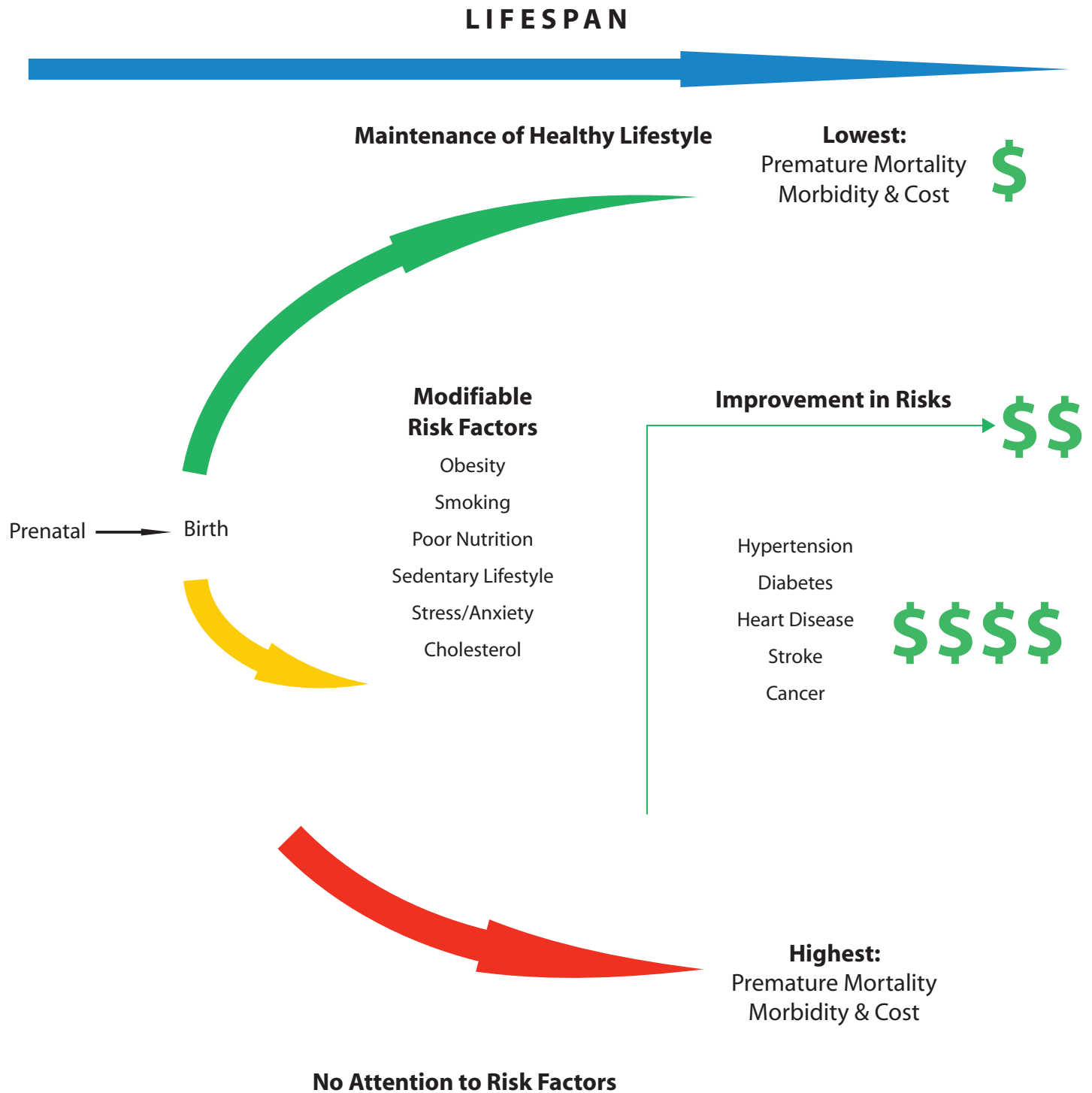
We also need to help our residents understand the complex and often seemingly contradictory health messages they receive by improving health literacy education for people of all ages and backgrounds.

Our goal is to make sure that all of us are exposed to health education—through well targeted outreach efforts and general channels—to learn how everyday life choices can affect our health now and in the future.

## Facts that impact health in Delaware:

- About 25 percent of Delaware adults with a high school education or less smoke cigarettes, compared to only 7.3 percent of college graduates.
- Only about 41 percent of Delaware adults with a high school education or less meet recommendations for physical activity. This positive behavior increases to nearly 55 percent among college graduates.
- More than half of all U.S. adults have less than basic health literacy skills.
- Persons with limited health literacy skills have higher use of treatment services and lower use of preventive services.

## Illustrating the Life Course



**Objective:** Under a unifying theme, develop, fund and implement statewide, targeted and culturally appropriate campaigns to promote healthy lifestyles and prevent lifestyle-related diseases.

Task/Action	Potential Partners	Timeframe
Provide training, technical assistance and resources, which includes respect for cultural differences, to communities for effective targeting and planning of evidence-based health promotion campaigns.	DPH	Year 1 & ongoing
Promote the use of existing guidelines for physical activity and nutrition in health promotion messages. (Consider use of Dietary Guidelines for Americans and CDC physical activity guidelines.)	DPH	Year 1 & ongoing
Ensure that media and group educational initiatives take into account the health literacy/numeracy, cognitive and physical skills and needs of their audiences.	University of Delaware Center for Disabilities Studies, DPH, DHSS	Year 1 & ongoing
Ensure that education occurs across the lifespan.	DHSS, DPH, DSAAPD, DSCY&F	Year 1 & ongoing
Create a campaign to promote breastfeeding and to increase the support for breastfeeding mothers in the workplace.	DPH	Year 2
In developing these campaigns, obesity prevention and early intervention should be incorporated as a priority.	CHPDP	Year 1 & ongoing
Develop and deliver messages about PCMH to communicate the benefits of the approach and the critical role of community-based and non-medical services.	Insurers, universities and colleges, Medicaid, MCOS, DPH, Medical Society, DHSS, hospital systems	Year 2



**Objective:** Engage community-based organizations (schools, workplaces, health care, faith-based organizations) to promote healthy lifestyles.

Task/Action	Potential Partners	Timeframe
Educate decision makers and key leaders about the importance of prevention and early detection.	IMPACT, HEAL, SCHPC, Cancer Consortium, Diabetes Coalition	Year 1 & ongoing
Promote prevention programs through new or existing grassroots groups and coalitions.	DPH, IMPACT, HEAL, SCHPC, Cancer Consortium, Diabetes Coalition	Year 1
Provide resources, tools and web-based information systems to organizations conducting health promotion.	CHPDP, Governor's Office, DTI, private sector	Year 1
Increase staffing in proportion to increased responsibilities within the Division of Public Health to oversee and assist with provision of health promotion campaigns and educational activities.	General Assembly	Year 1
Fund community-based cooking and food shopping classes, with special emphasis on at-risk communities.	DHSS/DPH, HEAL, DDA (Dietetic)	Year 1 & ongoing





**Objective:** Improve health literacy, so Delawareans have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

Task/Action	Potential Partners	Timeframe
Develop, implement and evaluate model curricula for health and science literacy in schools and adult education programs.	DOE, DHSS, DPH	Year 2
Educate parents and parents-to-be about how to be role models for their children to develop healthy lifestyle habits.	DPH, Delaware Center for Health Promotion	Year 1 & ongoing
Create a healthy living “Healthline” that provides education and support for improving health behaviors.	Academy of Medicine, DHSS, DPH	Year 2 & ongoing
Promote understanding about relationships between oral health, health conditions and healthy living.	DPH, Delaware Oral Health Coalition, Dental Society	Year 1 & ongoing
Include more health content (stress management, nutrition, obesity prevention, health literacy) in continuing and adult education programs.	DTCC, University of Delaware, Del State University	Year 1 & ongoing
Provide caregivers and support professionals with health and wellness information specific to their needs.	Medical societies, Delaware academies, Center for Disabilities Studies	Year 1 & ongoing
Promote a tailored approach to health promotion between providers and patients, including those with disabilities and their support persons.	DHSA, medical societies, Delaware academies	Year 1 & ongoing

<b>Objective: Enhance individual capacity to engage in healthy behaviors.</b>		
<b>Task/Action</b>	<b>Potential Partners</b>	<b>Timeframe</b>
Support local coalitions and trained lay health workers from communities to address tobacco use, physical activity, nutrition and chronic disease prevention.	DPH, DHSA	Year 1 & ongoing
Expand and enhance health promotion community outreach from health and academic institutions and organizations.	Institutions of higher education, health professional organizations	Year 1 & ongoing
Maintain tobacco cessation, Quitline, and other cessation services and resources, and promote their use.	DPH, TPCP	Year 1 & ongoing
Provide assisted exercise and other health promotion programs, at no or very low cost, to people with disabilities.	DHSS, DSAAPD, HDWD, Center for Disabilities Studies	Year 1 & ongoing
Focus new attention on prevention of tobacco use among young adults 18–25.	DPH	Year 1 & ongoing

## Candita Weber-Hitchcock

"I am a social worker who formerly worked for the state on the renal program. I understand how important those kinds of programs are to people who are newly diagnosed diabetics. When I was diagnosed with the disease, I was frightened. Even with my background, I just had difficulty realizing that things had to change. Food is part of my family's ethnic tradition. The truth is, there is information out there that even someone with my background resisted knowing. Admitting to that vulnerability is the first part. I saw a six-week session for diabetics advertised at the local senior center. It was totally nonthreatening and voluntary. There was useful instruction, but in human terms. For example, I learned how to look at food labels and understand them. It's a slow process, but I've been losing weight—30 pounds so far. I know the consequences of diabetes—how it can lead to kidney failure and even a loss of a limb. This program gave me the information I need when I needed it so I can manage diabetes and feel good about the future."



# *When our recommendations are fully implemented,*

*we will see the differences in every aspect of our community. We will be healthier individually, we'll feel better and we'll miss work less because we—and those we care for—will have more choices about our own health and more control in the decisions we make about our health care. Our children will be more successful in school because they will be eating healthy foods and getting more physical activity. They will be sick less and miss fewer school days, and their minds and bodies will be getting the activity they need to be happy and healthy.*

We will also be healthier as a community. Our businesses will be stronger because we will be a more productive workforce, and our health care costs will be lower because we will be using preventive health services as opposed to the complex, ongoing treatment services required for chronic diseases. We will have more opportunities to be active outdoors, in our workplaces and as part of our daily lives. Our environment will reflect the value we put on the health of our community.





## APPENDIX |

# Acronyms, Initialisms, Organizations and their Websites

AAFP – American Academy of Family Physicians – [www.aafp.org](http://www.aafp.org)

AAP – American Academy of Pediatrics – [www.aap.org](http://www.aap.org)

ACS – American Cancer Society – [www.cancer.org](http://www.cancer.org)

ADA - American Dental Association – [www.ada.org](http://www.ada.org)

AHA – American Heart Association – [www.heart.org](http://www.heart.org)

ALA – American Lung Association – [www.lungusa.org](http://www.lungusa.org)

CACFP – Child and Adult Care Food Program – <http://www.fns.usda.gov/cnd/care/>

CBO – Community-based organization

CHPDP – Council on Health Promotion and Disease Prevention – <http://dhss.delaware.gov/dhss/dph/dpc/chpdp.html>

DCC – Delaware Cancer Consortium – [www.delawarecancerconsortium.org](http://www.delawarecancerconsortium.org)

DDA – Delaware Dietetic Association – <http://www.dedietasn.org>

DDA – Delaware Department of Agriculture – <http://dda.delaware.gov/>

DEDO – Delaware Economic Development Office – <http://dedo.delaware.gov/>

Delaware Stars – <http://www.dieec.udel.edu/delaware-stars-participating>

DelaWELL – <http://delawell.delaware.gov/>

DelDOT – Delaware Department of Transportation – [www.deldot.gov](http://www.deldot.gov)

DHCC – Delaware Health Care Commission – <http://dhss.delaware.gov/dhcc/>

DHIN – Delaware Health Information Network – [www.dhin.org](http://www.dhin.org)

DHSA – Delaware Health Sciences Alliance – [www.delawarehsa.org](http://www.delawarehsa.org)

DHSS – Department of Health and Social Services – <http://dhss.delaware.gov/dhss/>

DIDER – Delaware Institute for Dental Education and Research – <http://dhss.delaware.gov/dhss/dhcc/dider.html>

DIEEC – Delaware Institute for Excellence in Early Childhood – <http://www.dieec.udel.edu/>

DIMER – Delaware Institute of Medical Information and Research – <http://dhss.delaware.gov/dhss/dhcc/dimer.html>

DNREC – Department of Natural Resources and Environmental Control – <http://www.dnrec.delaware.gov>

DOE – Department of Education – <http://www.doe.k12.de.us/>

DPC – Delaware Psychiatric Center – <http://dhss.delaware.gov/si08/dpc.html>

DPH – Division of Public Health – <http://dhss.delaware.gov/dhss/dph/index.html>

(DPH) TPCP – Tobacco Prevention and Control Program – <http://dhss.delaware.gov/dph/dpc/tobacco.html>

DRA – Delaware Restaurant Association – [www.delawarerestaurant.org](http://www.delawarerestaurant.org)

DSAAPD – Division of Services for Aging and Adults with Physical Disabilities – <http://dhss.delaware.gov/dsaapd/services.html>

DSCY&F – Department of Services for Children, Youth and Families – <http://kids.delaware.gov/>

DSMAH – Division of Substance Abuse and Mental Health – <http://www.dhss.delaware.gov/dhss/dsamh/index.html>

DSWC – District School Wellness Centers

DTCC – Delaware Technical and Community College – <http://www.dtcc.edu/>

DTI – Department of Technology and Information – <http://dti.delaware.gov/>

EBT – Electronic Benefit Transfer

EHR – Electronic Health Records

ELF – Early Learning Foundations

FQHC – Federally Qualified Health Center

HEAL – (Delaware Coalition for) Healthy Eating and Active Living – [www.deheal.org](http://www.deheal.org)

HDWD – Healthy Delawareans with Disabilities – [www.gohdwd.org](http://www.gohdwd.org)

HPDP – Health Promotion Disease Prevention

IPA – Institute for Public Administration

IMPACT (Delaware Tobacco Prevention Coalition): <http://dhss.delaware.gov/dph/dpc/tobacco.html>

MCO – Managed care organization

MHA – Mental Health Association – [www.mhainde.org](http://www.mhainde.org)

MSD – Medical Society of Delaware – [www.medsocdel.org](http://www.medsocdel.org)

NHPS – Nemours Health Prevention Services

OCCL – Office of Child Care Licensing – <http://kids.delaware.gov/occl/occl.shtml>

OMB – Office of Management and Budget – [www.omb.delaware.gov](http://www.omb.delaware.gov)

PCMH – Patient-centered medical home

SCHPC – Sussex County Health Promotion Coalition – <http://www.sussexkids.org/>

SNAP – Supplemental Nutrition Assistance Program – <http://www.fns.usda.gov/snap/>

USDA – United States Department of Agriculture – [www.usda.gov](http://www.usda.gov)

WIC – Woman, Infants and Children – <http://www.fns.usda.gov/wic/>

VISTA (employees) – <http://www.americorps.gov/about/programs/vista.asp>

# Glossary of Terms

**Best practices:** Best practices in health promotion are those processes and activities consistent with health promotion values, ethics, theories and evidence that are most likely to achieve health promotion goals in a given situation.

**Built environment:** Includes transportation systems, water and sanitation systems, housing, and other dimensions of urban planning.

**Complete Streets:** Roadways that accommodate all travelers, particularly public transit users, bicyclists, pedestrians (including individuals of all ages and individuals with mobility, sensory, neurological or hidden disabilities) and motorists, to enable all travelers to use the roadway safely and efficiently. The most basic element of a Complete Streets Policy is that it ensures that roads are planned and built to serve all users.

**Disabilities:** The U.S. Census Bureau defines disability as a “long-lasting sensory, physical, mental or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home or working at a job.”

**Disparity (health):** Is a population-specific difference in the presence of disease, health outcome or access to health care.

**Effectiveness (of programming):** The degree to which stated measurable goals and objectives are achieved. This is typically a value judgment driven by a type of sound evaluation methodology.

**Electronic Health Records:** The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates and streamlines the clinician’s workflow. The EHR has the ability to generate a complete record of a clinical patient encounter, as well as supporting other care-related activities directly or indirectly via interface—including evidence-based decision support, quality management and outcomes reporting. EHR includes Electronic Medical Records (EMR), which are computerized legal clinical records created in hospitals and physician offices for their own use.

**Evidence-based health promotion:** Programs that utilize a body of evidence from the available peer-reviewed literature, evaluations of similar programs, formative research and other valid scientific evidence in planning.

**Evidence-based practice (EBP):** A thoughtful integration of the best available evidence, coupled with clinical expertise. It enables health practitioners of all disciplines to address healthcare questions with an evaluative and qualitative approach. EBP allows the practitioner to assess current and past research, clinical guidelines and other information resources in order to identify relevant literature while differentiating between high-quality and low-quality findings.

**Farm-to-school initiative(s):** Connects schools (K–12) and local farms with the objectives of serving healthy meals in school cafeterias, improving student nutrition, providing agriculture, health and nutrition education opportunities, and supporting local and regional farmers.

**Food desert(s):** Any geographic area where healthy, affordable food is difficult to obtain. It is prevalent in rural as well as urban areas and is most prevalent in low-socioeconomic minority communities, and is associated with a variety of diet-related health problems. Food deserts are also linked with supermarket shortage.

**Health care providers:** Health professionals, including physicians and dentists, who help in identifying, preventing and/or treating illness.

**Health Champion:** An individual within an organization or community who deeply believes in health promotion, and who provides leadership, advice and resources related to health promotion. As used in these recommendations, the Health Champion is envisioned as an employee within a school district or other organization who has the skills, passion and ability to promote effective health programs and activities.

**Healthier US School Challenge (HUSC):** A voluntary initiative established in 2004 to recognize those schools participating in the National School Lunch Program that have created healthier school environments through promotion of nutrition and physical activity. In February 2010, First Lady Michelle Obama introduced “Let’s Move!,” incorporating the HealthierUS School Challenge to raise a healthier generation of kids. At that time, monetary incentive awards became available for each HUSC award level: Bronze, Silver and Gold.

**Healthy Communities Award:** Encourages community collaboration, bringing community, school and business leaders together to work toward the common goal of developing and promoting a healthier community.

**Healthy Women, Healthy Babies:** The Healthy Women, Healthy Babies program provides health care, mental health and nutrition services for women before, during and after pregnancy. The program uses a science-based model to address the health of women across their lifespan. This Life Course Perspective looks at the health of the mother from the day of her birth to the birth of her child.

**Incentive/Incentivize:** A motivating influence used to promote behavioral change.

**Integrated care:** Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency.

**Learning collaborative model:** The “learning collaborative” approach, in which clinical staff work together to redesign their systems to become more patient-focused and efficient, holds promise for many other health care settings. Typically, teams from various organizations that share common goals meet in learning sessions over the course of six to eight months. They learn from expert faculty how to improve their performance and share progress reports. The period between learning sessions is an “action period,” when the teams work intensely to implement what they have learned, using the Plan-Do-Study-Act cycle. Once a redesign model has been achieved, team members help to disseminate the model throughout the organization. Evaluations of learning collaboratives suggest that this approach can lead to significant and lasting improvements in underserved areas.

**Medicaid:** State-provided insurance program for low-income families.

**Medical (care):** The provision by a health care professional of services related to the maintenance of health, prevention of illness, and treatment of illness or injury.



**Model policy:** A policy that uses evidence-based best practices to guide behavior, and that is shown to be effective in generating desired outcomes in similar environments and populations.

**Obesity:** The condition of being significantly overweight, which is a risk factor for development of heart disease, stroke, several types of cancer, type 2 diabetes and a variety of other chronic health conditions. The term “obesity” is measured in the population using Body Mass Index (BMI), a formula based on height and weight measurements. An adult with a BMI of 30 or greater is considered obese.

**Patient-centered medical home (PCMH):** A patient-centered medical home is a health care model that aims to provide structured, proactive and coordinated care for patients rather than episodic treatments for illnesses. In a medical home, the primary care doctor operates as a “home base” for the patient, overseeing all aspects of the patient’s health and coordinating care with any specialists involved in the patient’s care.

**Payers:** In health care, generally refers to entities other than the patient that finance or reimburse the cost of health services. In most cases, this term refers to insurance carriers, other third-party payers, or health plan sponsors (employers or unions).

**Personal technology:** This term refers to high-tech communications devices which individuals can use for communication or learning about health issues. These include computers, tablets (like the iPad or Kindle Fire), cloud computing, smart phones and even new medical devices like diabetes meters which communicate through the Internet.

**Providers:** A person, organization or business that offers goods or services.

**Philly Food Trust:** A Philadelphia based nonprofit that assists businesses and organizations with adopting healthy living behaviors, focused largely on the food environment, with the goal of ensuring that everyone has stable, sustainable access to affordable nutrition.

**Primary care:** Health care at a basic level for people making an initial approach to a health professional for treatment.

**Qualified service:** Services and supplies furnished by a health care professional who is legally authorized to perform such service(s).

**Safe environment:** As used in this report, the term “safe environment” is defined broadly, to encompass physical environment factors like good sidewalks, safe playgrounds, traffic safety or clean trails, as well as an environment safe from crime and violence.

**Screen time:** The amount of time an individual spends daily watching television, or leisure-time use of computers or video games. Screen time is generally sedentary time, and has been linked to obesity, sleep problems and impaired academic performance. A sedentary activity like television watching is also often linked with snacking.

**Secondary condition(s):** Physical, medical, cognitive, emotional or psychosocial consequences to which persons with disabilities are more susceptible by virtue of an underlying condition, including adverse outcomes in health, wellness, participation and quality of life.

**“Stars and Stores” Program:** A recognition program (led by an organization like the Philly Food Trust) for corner stores, small grocers and vendors who provide healthy choices as part of their inventory.

**Supplemental Nutrition Assistance Program (SNAP):** Formerly known as the Food Stamp Program, SNAP provides assistance to low-income families for purchase of healthy foods. The 2008 farm bill increased the commitment to federal food assistance programs, and in order to fight stigma, the law changed the name of the federal program to the Supplemental Nutrition Assistance Program or SNAP.

**Sustainable agriculture program:** An integrated system of plant and animal production practices that will, over the long term: satisfy human food and fiber needs; enhance environmental quality and the natural resource base upon which the agricultural economy depends; make the most efficient use of nonrenewable resources and on-farm resources and integrate, where appropriate, natural biological cycles and controls; sustain the economic viability of farm operations; and enhance the quality of life for farmers and society as a whole.

**Technical assistance:** A relationship in a health or educational setting in which an expert with specific technical and content knowledge provides information to address an identified need. Technical assistance goals in health promotion are designed to help individuals or organizations use evidence-based or best practices to achieve health objectives.

**Transition of care:** The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another as their condition and care needs change.

**Universal free school breakfast program (SBP):** A federal program that provides states with cash assistance (and commodities) so that school children receive a nutritious breakfast every school day.

**Wellness programs:** Those activities and/or policies designed to encourage healthy living and healthy behaviors. Most effective wellness programs have been found to include policy changes, behavior modification, coaching and messaging.

**Whole Person Health:** An approach to health that involves the whole person, including mental/emotional and physical health. The whole person approach involves lifestyle habits—including healthy eating, physical activity, stress management, screening, immunizations and other positive activities designed to keep an individual at his or her optimal state of health.

**Voluntary health organizations:** Nonprofit organizations that work to promote health and prevent disease through research, health education and patient services. In Delaware, these include the American Heart Association, the American Cancer Society and the Delaware Diabetes Coalition.

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# Council on Health Promotion and Disease Prevention 2011 Membership List

**Sandra G. Hassink, MD, FAAP (Chair)**

*Director, Nemours Obesity Initiative*

**The Honorable Michael Barbieri**

*Delaware House of Representatives*

**Vickie K. George**

*President/CEO, Yes U Can Corporation*

**The Honorable Bethany Hall-Long, PhD, RNC**

*Delaware Senate*

**Patricia P. Hoge, RN, PhD**

**Paul Kaplan, MD, FAAFP**

*Chief Medical Officer, Blue Cross Blue Shield of Delaware*

**Faith B. Kuehn, PhD**

*Plant Industries Administrator,  
Delaware Department of Agriculture*

**Rita Landgraf**

*Secretary, Delaware Department of Health and Social Services*

**Kathleen Matt, PhD**

*Dean, College of Health Sciences, University of Delaware*

**Rachael Mears**

*Delaware Economic Development Office*

**Linda Payne**

*Department of Services for Children, Youth and Their Families*

**The Honorable Michael Ramone**

*Delaware House of Representatives*

**Matthew Ritter**

*Delaware Department of Natural Resources  
and Environmental Control*

**Michael P. Rosenthal, MD**

*Chair, Dept. of Family & Community Medicine  
Christiana Care Health System*

**Theresa Strawder**

*Delaware Office of Management and Budget*

**Valerie O. Whiting**

*Owner, GameShape LLC*

**Linda C. Wolfe, RN, MED, NCSN, FNASN**

*Director, School Support Services,  
Delaware Department of Education*



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*Paul Kaplan, MD—Co-Chair*

*Kathleen Matt*

*Lolita Lopez*

*Mary-Kate Mouser*

*Eileen Sparling*

### Work Group 2—Develop Policy and Funding

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*Jeanne Chiquoine*

*Brian Rahmer*

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### Work Group 3—Create an Environment that Supports Health Choice

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*Vickie George—Co-Chair*

*Theresa Strawder*

*Peggy Geisler*

*Marianne Carter*

*Rep. Michael Ramone*

**A personal thank-you** to all those who contributed to bring our vision to life.

Our effort to move toward a healthier Delaware is the result of many hours of your dedication. Volunteering your time to serve as a committee or work group member helped to lay a solid foundation for change. I have never felt more proud of the accomplishments each one of you has made. For your energy, your spirit of collaboration and the thoughtfulness you have contributed to this task, I thank you. It has been a privilege and pleasure to work with all of you.

**Sandy Hassink, MD**

# Executive Order Nineteen

TO: HEADS OF ALL STATE DEPARTMENTS AND AGENCIES

RE: PROMOTING HEALTHY LIFESTYLES AND CREATING THE COUNCIL ON HEALTH PROMOTION AND DISEASE PREVENTION

WHEREAS, in the United States, seven of ten deaths and the vast majority of serious illnesses, disabilities, and health care costs are caused by chronic diseases such as obesity, diabetes, and cardiovascular disease; and

WHEREAS, more than 75% of health care expenditures in the United States are spent to meet the health needs of persons with chronic conditions; and

WHEREAS, key risk factors, such as obesity, lack of physical activity, poor nutrition and tobacco use are major contributors to the nation's leading causes of chronic disease and death; and

WHEREAS, 64% of Delawareans are either overweight or obese; and

WHEREAS, current estimates indicate that as much as \$207 million in health care expenditures could be saved each year if excessive weight and obesity were eliminated in Delaware; and

WHEREAS, employers, including the State of Delaware, bear the financial burden of employee illness and lost productivity due to chronic illness, and a healthy workforce will improve Delaware's ability to remain competitive in a changing economy; and

WHEREAS, health promotion is multi-faceted and must include a comprehensive, multi-sector approach in all areas where individuals live, learn, work and play to ensure the health, productivity, and well-being of all Delawareans; and

WHEREAS, First Lady Michelle Obama has launched a nationwide "Let's Move" campaign to combat childhood obesity;

NOW, THEREFORE, I, JACK A. MARKELL, by virtue of the authority vested in me as Governor of the State of Delaware, do hereby DECLARE and ORDER that:

1. A Council on Health Promotion and Disease Prevention is hereby established and its members are charged to advise the Governor and executive branch state agencies on the development and coordination of strategies, policies, programs and other actions state-wide to promote healthy lifestyles and prevent chronic and lifestyle-related disease. The members of the Council shall represent a diverse state-wide population and include:

- (a) The Secretaries of the Department of Agriculture, the Department of Education, the Department of Health and Social Services, the Department of Natural Resources and Environmental Control, the Department of Services for Children, Youth and Their Families, the Department of Transportation, or their designees;
- (b) The Director of the Delaware Economic Development Office and the Director of the Office of Management and Budget, or their designees;
- (c) The Insurance Commissioner of Delaware, or her designee;
- (d) Two representatives of the Delaware House of Representatives, one of whom to be appointed by and serve at the pleasure of the Speaker of the House, and the other of whom to be appointed by and serve at the pleasure of the Minority Leader;

(e) Two representatives of the Delaware State Senate, one of whom to be appointed by and serve at the pleasure of the President Pro Tempore, and the other of whom to be appointed by and serve at the pleasure of the Minority Leader;

(f) The following members to be appointed by and serve at the pleasure of the Governor:

- i. One representative from the healthcare community;
- ii. One representative from the insurance industry;
- iii. One representative from an institution of higher education;
- iv. One representative from the employer community; and
- v. Three public members with relevant professional experience to provide expertise related to health promotion and disease prevention, especially among vulnerable and under-served populations.

2. The Council shall be led by a chairperson appointed by the Governor. The chairperson of the Council shall report to the Governor on the progress and recommendations of the Council on or before June 1, 2011 and periodically thereafter, but no less than once a year. The Council shall be terminated on December 31, 2015, if not reconstituted by further executive order.

3. Staff support for the Council shall be provided by the Division of Public Health of the Department of Health and Social Services.

4. Members of the Council shall:

- (a) Conduct an assessment of the burden of lifestyle-related diseases in the State of Delaware;
- (b) Review current health promotion recommendations and activities within state agencies and other organizations, such as the Healthy Delaware Foundation, the Delaware Coalition to Promote Healthy Eating and Active Living, Nemours Health and Prevention Services, the Christiana Care Health Services Obesity Coalition; the Delaware Cancer Consortium, the Delaware Healthy Mothers and Infants Consortium, the IMPACT Tobacco Coalition, the Delaware Bicycle Council, the Office of State Planning Coordination, and other non-profit agencies;
- (c) Develop an overarching state-wide strategy on promoting healthy lifestyles and preventing lifestyle-related diseases in Delaware, including identification of any opportunities for grants or other assistance available under federal law or from the nonprofit community;
- (d) Advise the Governor and executive branch state agencies on policies and strategies that may be effective in the prevention of obesity and other lifestyle diseases in Delaware, with an emphasis on achieving the highest sustainable impact on the greatest number of individuals with the least amount of resources and on eliminating disparities in the incidence of obesity and other diseases; and
- (e) Establish and track measurable outcomes for the reduction of obesity and other lifestyle-related diseases in Delaware.

5. In carrying out its charge, the Council shall endeavor to:

- (a) Initially focus its efforts on the lifestyle risk factors that are the leading causes of death, disease, and disability, especially poor nutrition, physical inactivity, and tobacco use;
- (b) Solicit the input, advice, and recommendations of organizations in the State whose aim is to promote healthy lifestyles. The Council may align efforts with existing committees, councils and organizations currently focused on health promotion and partner with public and private organizations and community leaders that support the goals of the Council;
- (c) Coordinate with federal government agencies to maximize resources and information in order to ensure a comprehensive approach to health promotion;
- (d) Assure that the State, as an employer, sets the standard for workplace health promotion and disease prevention, including healthy foods in vending machines, physical activity opportunities, and health promotion benefits to state employees and their families;
- (e) Improve availability of physical activity opportunities and local, high quality fruits and vegetables for Delaware families, especially low-education families and seniors;
- (f) Promote changes in the health care system so that health providers are educated and encouraged to prevent, identify and treat obesity;
- (g) Reduce cultural, environmental and socioeconomic barriers to implementing health promotion initiatives in Delaware;
- (h) Promote practices and policies in child care and school settings so that children, staff, and parents are educated and have opportunities to make healthy choices;
- (i) Promote practices and policies in worksites so that employees are educated and have opportunities to make healthy choices; and
- (j) Promote consistent messages through the public and private sector.

APPROVED this 20th day of May, 2010

Jack Markell

Governor of Delaware



*DELAWARE HEALTH AND SOCIAL SERVICES*

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Division of Public Health

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Health Promotion and Disease Prevention

302-744-1000